

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):       TELEPHONE NO: _____ FAX NO.: _____ ATTORNEY FOR STATE TAXPAYER/RESPONDENT: _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF (Name):    <div style="text-align: right;">TAXPAYER/RESPONDENT</div>	
<b>CLAIM OF EXEMPTION AND FINANCIAL DECLARATION</b>	CASE NUMBER:
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:

**(Copy the information required above from the Application for Earnings Withholding Order for Taxes (form WG-020). The top left space is for your or your attorney's name and address.)**

1. I need the following earnings to support myself or my family (check and complete item a or b):
  - a. ☐ All earnings.
  - b. ☐ \$ \_\_\_\_\_ each pay period.
2. Please send all papers to ☐ me ☐ my attorney at the address ☐ shown above ☐ following (specify):
3. In addition to the 25 percent minimum withholding, I am willing for the following amount to be withheld from my earnings during the withholding period:
  - a. ☐ None
  - b. ☐ Withhold: \$ \_\_\_\_\_ each pay period.
4.
  - a. I am paid ☐ daily ☐ weekly ☐ every two weeks ☐ twice a month ☐ monthly.
  - b. My gross pay is: \$ \_\_\_\_\_ per pay period.
  - c. My take-home pay is: \$ \_\_\_\_\_ per pay period.
  - d. My payroll deductions are (item and amount):
5. The following persons depend, in whole or in part, on me for support:
 

<u>Name</u>	<u>Age</u>	<u>Relationship to me</u>	<u>Monthly income and its source</u>
a.		Myself	
b.			
c.			
d.			
e.			
6. ☐ The earnings of others listed in item 5 are now subject to wage assignments and Earnings Withholding Orders as follows (specify):

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## 7. My monthly expenses are as follows:

- |   |   |
|---|---|
| a. Rent or house payment and maintenance ..... \$<br>b. Food and household supplies ..... \$<br>c. Utilities and telephone ..... \$<br>d. Clothing ..... \$<br>e. Laundry and cleaning ..... \$<br>f. Medical and dental payments ..... \$<br>g. Insurance (life, health, accident, etc.) ..... \$<br>h. School, child care ..... \$<br>i. Child, spousal support (prior marriage) ..... \$ | j. Entertainment and incidentals .... \$<br>k. Transportation and auto expenses (insurance, gas, repair) ..... \$<br>l. Installment payments ( <i>insert total and list below in item 8</i> ) ..... \$<br>m. Other ( <i>specify</i> ): ..... \$ |
|---|---|
- TOTAL MONTHLY EXPENSES  
 (add a through m) ..... \$

8. List payments on installment and other debts. ☐ Continued on Attachment 8.

Creditor's name	For	Monthly payment	Balance

## 9. What do you own? (State value.)

- |  |  |
|--|--|
| a. Cash ..... \$<br>b. Checking, savings and credit union accounts, etc. ( <i>list institutions</i> ):<br>(1) ..... \$<br>(2) ..... \$<br>(3) ..... \$<br>(4) ..... \$<br>c. Cars, other vehicles, and boat equity ( <i>list make, year of each</i> ):<br>(1) ..... \$<br>(2) ..... \$<br>(3) ..... \$ | d. Real estate equity ( <i>addresses</i> ): .. \$<br><br>e. Other personal property ( <i>jewelry, furniture, furs, stocks and bonds, etc. List separately</i> ):<br><br><div style="text-align: right;">Total for item e: ... \$</div> |
|--|--|

10. ☐ An Order Assigning Salary and Wages (for support) is now in effect as to my earnings. The amount payable under that order is: \$ \_\_\_\_\_ monthly.

11. Other facts that support this *Claim of Exemption* are (*describe unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget*): ☐ Continued on Attachment 11.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_



\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF TAXPAYER)

**File this form with the clerk of the court and mail a copy to the tax agency as soon as possible. Keep a copy and take it with you to the court hearing. If you wish to obtain the advice of an attorney, you should do so at once.**